

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395103	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/21/2025
NAME OF PROVIDER OR SUPPLIER Elan Skilled Nursing and Rehab, A Jewish Senior LI		STREET ADDRESS, CITY, STATE, ZIP CODE 1101 Vine Street Scranton, PA 18510	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure each resident receives an accurate assessment. (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of the Resident Assessment Instrument (RAI) Manual, clinical records, and staff interviews, it was determined that the facility failed to complete an accurate Minimum Data Set for three of 30 residents sampled (Resident 11, 43, and 133). Findings include: The Long-Term Care Facility RAI User's Manual, which provides instructions and guidelines for completing the Minimum Data Set (MDS, a federally mandated standardized assessment conducted at specific intervals to plan resident care) dated October 2025, requires the assessment accurately reflects the resident's status, a registered nurse conducts or coordinates each assessment with the appropriate participation of health professionals, and the assessment process includes direct observation, as well as communication with the resident and direct care staff on all shifts. A clinical records review revealed Resident 11 was admitted to the facility on [DATE] with diagnoses including Borderline Personality Disorder (a serious mental illness that involves difficulty regulating emotions, leading to impulsivity) and Post Traumatic Stress Disorder (mental health condition that's caused by an extremely stressful or terrifying event and may include flashbacks, nightmares, severe anxiety and uncontrollable thoughts about the event). A review of the quarterly MDS dated [DATE], section M (section addressing skin conditions such as pressure injury, surgical ulcers, and diabetic ulcers) documented Resident 11 experienced no skin conditions during the assessment reference period. Further review of Resident 11's clinical records, specifically the document titled, Wound Evaluation & Management Summary, Specialty Physician, dated May 27, 2025, documented a surgical wound of the left neck area, measuring 0.8 cm (length) x 0.8 (width) x 0.5 cm (depth). An interview with the Registered Nurse Assessment Coordinator (RNAC) on November 20, 2025, at 8:54 AM acknowledged the quarterly June 3, 2025, MDS for Resident 11 did not accurately reflect the presence of the left neck surgical wound. The RNAC entered a subsequent correction for the MDS to accurately document the skin condition for Resident 11. According to the clinical record, Resident 133 was admitted to the facility on [DATE], with diagnoses to include fracture of an unspecified part of the right clavicle (broken collar bone) and cellulitis (skin infection) of the right upper limb (arm). The quarterly MDS dated [DATE], section J (section addressing falls) documented that Resident 133 experienced no falls since admission/readmission or prior assessment. Upon clinical review, Resident 133 experienced a fall on March 6, 2025. The March 6, 2025, fall experienced by Resident 133 was not accurately documented in the quarterly, April 22, 2025, MDS. An interview with the RNAC on November 20, 2025, at 8:54 AM acknowledged the quarterly MDS for Resident 133 did not accurately document the fall history and entered a subsequent correction for the MDS. A clinical record review documented Resident 43 was admitted to the facility on [DATE], with diagnosis to include right artificial shoulder joint (device used to replace a joint). The annual MDS dated [DATE], section J (section addressing falls) indicated Resident 43 experienced no falls since admission/ readmission or prior assessment. Upon further review of Resident 43's clinical records, three falls occurred within the assessment reference period for the May 2, 2025, MDS. Resident 43 experienced a fall on February 15, 2025, which resulted in injury. Specifically, the fall on February 15, 2025, resulted in a left forehead hematoma (blood collects outside the blood vessel). According to the clinical records, Resident 43 experienced a fall on April 1, 2025 (no injury) and on April 22, 2025 (no injury). An interview with the RNAC on November 20, 2025, at 1:54 PM acknowledged the annual MDS for Resident 43 did not accurately reflect the fall history and the three falls were not present on the annual MDS. The RNAC entered a subsequent correction for the MDS. 28 Pa. Code 211.5(f)(iii) Medical records 28 Pa. Code 211.12(d)(1)(5) Nursing services</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>(continued on next page)</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record reviews, observations, and staff interviews, it was determined that the facility did not follow physician-ordered diagnostic evaluation for suspected scabies for one resident (Resident 75), to possibly prevent and mitigate the spread of scabies in the facility and that an additional resident of 30 residents sampled (Resident 52) was identified with scabies on microscopic exam resulting in multiple residents in the facility being treatment for exposure, creating a potential for transmission among residents on impacted units. Findings include: A review of the facility policy entitled Scabies Information, Treatment, and Environmental Cleaning, last reviewed on October 7, 2025, indicated it is the policy of the facility to treat residents infected with and sensitized to <i>Sarcoptes scabiei</i> (scabies) and to prevent the spread of scabies to other residents and staff. Scabies is an itching irritation caused by the microscopic human itch mite, which burrows into the skin's layers and eventually causes itching, tiny irregular red lines just above the skin, and an allergic rash. Secondary bacterial skin infections may result from untreated scabies. Scabies are spread by skin-to-skin contact with the infected area or through contact with bedding, clothing, privacy curtains, and some furniture. Further review indicated the diagnosis may be established by recovering the mite from its burrow and identifying it microscopically. Failure to identify scrapings as positive does not exclude the diagnosis. It is difficult to obtain a positive scraping because only one or two mites can cause multiple lesions. Often a diagnosis is made from signs and symptoms, and treatment follows without scraping, although scrapings are preferred. Affected residents should remain in contact precautions (an infection control measure used to prevent the spread of germs through direct and indirect contact by wearing gowns and gloves) until twenty-four (24) hours after treatment. During a scabies outbreak among residents or staff, the infection preventionist or committee will coordinate interdepartmental planning to facilitate a rapid and effective treatment program. A review of Resident 75's clinical record revealed the resident was admitted to the facility on [DATE], with diagnoses to include dementia (a chronic or persistent disorder of the mental processes caused by brain disease or injury and marked by memory disorders, personality changes, and impaired reasoning) and major depressive disorder (a mental health disorder characterized by a persistently low or depressed mood, decreased interest in pleasurable activities, feelings of worthlessness, lack of energy, poor concentration, appetite changes, sleep disturbances, or suicidal thoughts). A review of Resident 75's quarterly Minimum Data Set Assessment (MDS, a federally mandated standardized assessment process conducted at specific intervals to plan resident care) dated November 7, 2025, revealed the resident was severely cognitively impaired with a BIMS score of 00 (Brief Interview for Mental Status, a tool to assess the residents' attention, orientation, and ability to register and recall new information; a score of 0-7 indicates severe cognitive impairment). A clinical record review revealed a Certified Registered Nurse Practitioner (CRNP) progress note dated August 19, 2025, that documented Resident 75 was evaluated for a raised papular rash consisting of small, raised bumps that can be red and itchy located on the back, abdomen, and chest wall. The note documented that the rash did not appear fungal and was treated as an allergic-type rash. The note further documented that a dermatology consultation was requested and that an in-house wound practitioner consultation for a skin scraping (top layer of skin is scraped to be placed under a microscope to look for mites) or biopsy (small piece of skin removed and sent to the laboratory to determine the cause of the skin problem) was indicated. A clinical record review revealed a physician's order dated August 19, 2025, at 2:39 PM, directing the facility to obtain a dermatology appointment for a skin biopsy and scraping for the rash. Additional physician's orders for Resident 75 included an August 19, 2025, order at 3:41 PM for fexofenadine 180 milligrams once daily (an antihistamine used for allergies), and an August 19, 2025, order at 4:42 PM for hydrocortisone cream 1% to be applied topically twice daily to the trunk area for rash. The clinical record review revealed no documentation that dermatology evaluated Resident 75 and no documentation of a skin scraping or biopsy being completed as ordered on August 19, 2025. A CRNP progress note dated September 10, 2025, documented increased swelling to the face, scratches to the arms, flaking to the scalp, and intermittent itching. The note documented treatment including prednisone (a steroid medication) and ketoconazole shampoo (an antifungal shampoo used for scalp dermatitis defined as flaky, red, and itchy patches). A physician's order dated September 10, 2025, at 4:00 PM directed ketoconazole shampoo to be applied on Mondays and Thursdays, and an additional physician's order dated September 10, 2025, at 4:04 PM directed prednisone 20 mg daily for three days due to facial swelling. A CRNP progress</p>		

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>(continued on next page)</p>

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, a review of facility policy, facility-provided documentation, and interviews with residents and staff, it was determined that the facility failed to maintain an effective pest control program to ensure the facility was free of insects, pests, and rodents on two out of four resident nursing units (Nursing Units 3 and 5). Findings include: According to the Centers for Disease Control (CDC), in Controlling Wild Rodent Infestations, rodents can carry many diseases that can spread directly or indirectly to people, including through contact with rodent droppings, urine, or saliva. Signs of rodents include droppings (feces) and gnaw marks. The CDC indicates that to determine if the activity is current, regular cleaning and disinfecting are required. When droppings are identified following cleaning, it can confirm the presence of rodents. A review of the facility policy titled Pest Control, last reviewed by the facility on January 20, 2025, revealed that it is the facility policy to maintain an effective pest control program. The policy indicated the facility maintains an on-going pest control program to ensure that the building is kept free of insects and rodents. A review of a facility-provided document dated September 28, 2025, indicated a work order was entered into the facility's maintenance system regarding fruit flies on Nursing Unit 3. Further review of the document revealed that the work order was completed on September 29, 2025. A review of a facility-provided document dated October 24, 2025, indicated a work order was entered into the facility's maintenance system regarding fruit flies on Nursing Unit 3 going on residents' food, and to please take care of this issue. Further review of the document revealed the work order was completed on October 24, 2025. A review of contractor pest management records from September 2025 through November 2025 revealed no documented evidence that the facility made the company aware of fruit fly issues at the facility. Observations on November 19, 2025, at 12:20 PM revealed four small black flying insects on the ceiling in the Unit 3 resident dining area. Two small black flying insects were observed on the backsplash of the sink in the Unit 3 resident dining area. During a phone interview on November 20, 2025, at 12:50 PM, the pest management contractor confirmed he did not treat for fruit flies or drain flies in the past few months. The pest management contractor indicated the facility did not inform him of any issues regarding fruit flies, nor did he identify any issues during observations. During an interview on November 20, 2025, at 12:55 PM, the Director of Maintenance indicated that the facility has been utilizing a drain maintainer cleaning agent to sanitize drains on the nursing units. He also indicated that the maintenance and custodial department staff spray areas throughout the facility with an indoor-outdoor pesticide and insecticide designed to target fruit flies and flying insects. A clinical record review revealed Resident 68 was admitted to the facility on [DATE], with diagnoses that include paraplegia (a condition characterized by the loss or impairment of motor and sensory functions in the lower half of the body). A review of a quarterly Minimum Data Set assessment (MDS, a federally mandated standardized assessment process conducted periodically to plan resident care) dated October 8, 2025, revealed that Resident 68 was cognitively intact with a BIMS score of 15 (Brief Interview for Mental Status, a tool within the Cognitive Section of the MDS that is used to assess the resident's attention, orientation, and ability to register and recall new information; a score of 13 to 15 indicates cognition is intact). During an interview on November 19, 2025, at 2:10 PM, Resident 68 indicated that she has been seeing mice in her room for over a month. Resident 68 explained that she is upset because she found a candy bar that was partially eaten by a mouse. She explained that the candy was a gift from a family member. An observation on November 19, 2025, at 2:15 PM in Resident 68's room revealed a drawer with 1.0 millimeter x 1.0 millimeter pieces of candy bar wrapper. Amongst the small shreds of paper were small pieces of chocolate and one mouse-like dropping (a small, long, black pellet that is tapered at the ends, resembling a black grain of rice). Further observation revealed multiple mouse-like droppings around the perimeter of Resident 68's room. An observation on November 20, 2025, at 11:44 AM in resident room [ROOM NUMBER] revealed mouse-like droppings behind the window-side dresser and reclining chair. An observation on November 20, 2025, at 11:51 AM in resident room [ROOM NUMBER] revealed several mouse-like droppings behind the door-side reclining chair and in both resident closets. A review of pest management records from September 2025 through November 2025 revealed no documented evidence that the pest management contractor identified any mouse activity (mouse droppings or gnaw marks) until inquiries were made during the survey ending on November 21, 2025. The above findings were reviewed with the Director of Nursing (DON) and Nursing Home Administrator (NHA) on November 21, 2025, at 11:30 AM. The facility failed to maintain an effective pest</p>		